

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

GLO for Congress

ADDRESS (number and street)

133 South Harbor Drive

Check if different
than previously
reported. (ACC)

Venice

FL

34285

2. FEC IDENTIFICATION NUMBER ▼

C

C00545814

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

FL

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
08 / 26 / 2014in the
State of

FL

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2014

through

M M / D D / Y Y Y Y
08 / 06 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eric Robinson

Signature of Treasurer

Eric Robinson

[Electronically Filed]

Date

M M / D D / Y Y Y Y
08 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 34

Write or Type Committee Name

GLO for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	21238.00	91206.85
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	21238.00	91206.85
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	19240.63	84242.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	85.60
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	19240.63	84157.39
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7049.46	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 34

Write or Type Committee Name

GLO for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

12395.00

57748.38

(ii) Unitemized.....

8343.00

22958.47

(iii) TOTAL of contributions from individuals ▶

20738.00

80706.85

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

500.00

1500.00

(d) The Candidate.....

0.00

9000.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

21238.00

91206.85

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

85.60

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

21238.00

91292.45

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 34

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19240.63	84242.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	19240.63	84242.99

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5052.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	21238.00
25. SUBTOTAL (add Line 23 and Line 24).....	26290.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19240.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7049.46

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
GLO for Congress

A. Full Name (Last, First, Middle Initial)
M GAIL BOSWELL

Mailing Address **1860 HICKORY TRACE DR**

City **FLEMING ISLAND** State **FL** Zip Code **32003**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt

08 / **01** / **2014**

Transaction ID : **SA11AI.5427**

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
LATHUN B BRIGMAN Jr.

Mailing Address **9902 BEAUCLERC TERR**

City **JACKSONVILLE** State **FL** Zip Code **32257**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BEAVER ST FISHERS** Occupation **FISHERMAN**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

07 / **30** / **2014**

Transaction ID : **SA11AI.5414**

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
WAYNE BROWN

Mailing Address **209 HUDSON TRACE**

City **AUGUSTA** State **GA** Zip Code **30907**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WAYNE WORKS** Occupation **CEO**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

07 / **07** / **2014**

Transaction ID : **SA11AI.5041**

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

GREG CLARY

A.

Mailing Address 3830 CROWN POINT RD

City

JACKSONVILLE

State

FL

Zip Code

32257

FEC ID number of contributing
federal political committee.

C

Name of Employer

CROWN POINT INVESTMENTS

Occupation

EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		24		2014

Transaction ID : SA11AI.5374

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

LAURA CYRUS

B.

Mailing Address 6603 ALMOND AVE

City

JACKSONVILLE

State

FL

Zip Code

32244

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : SA11AI.5397

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

ANKIT DASAI

C.

Mailing Address 12650 MANDARIN RD

City

JACKSONVILLE

State

FL

Zip Code

32223

FEC ID number of contributing
federal political committee.

C

Name of Employer

NFL SURGEONS

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		24		2014

Transaction ID : SA11AI.5364

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

JACQUELINE C DAVIS**A.**

Mailing Address 467 CREIGHTON RD

City

ORANGE PARK

State

FL

Zip Code

32003

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

Transaction ID : SA11AI.5430

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

DALE FENWICK**B.**

Mailing Address 1272 ERROL PKWY

City

APOPKA

State

FL

Zip Code

32712

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOVEREIGN INSURANCE

Occupation

INSURANCE CONSULTANT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		29		2014

Transaction ID : SA11AI.5407

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

DONALD GLADDING**C.**

Mailing Address 4412 CASTLE PALM CT

City

ORLANDO

State

FL

Zip Code

32065

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY AIR CENTER

Occupation

CHARTER PILOT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		07		2014

Transaction ID : SA11AI.5093

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

750.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

LISA GRACE-KELLOGG

A.

Mailing Address 31220 LOBO CANYON RD

City

AGOURA HILLS

State

CA

Zip Code

91301

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN PRINT MEDIA

Occupation

PUBLISHER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : SA11AI.5380

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JAY GRASSELL

B.

Mailing Address 861 MURRAY CT

City

YUBA CITY

State

CA

Zip Code

95991

FEC ID number of contributing
federal political committee.

C

Name of Employer

THREE RIVERS MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		09		2014

Transaction ID : SA11AI.5163

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JACK Y HANANIA

C.

Mailing Address 7220 BLANDING BLVD

City

JACKSONVILLE

State

FL

Zip Code

32244

FEC ID number of contributing
federal political committee.

C

Name of Employer

FIAT OF ORANGE PARK

Occupation

EXECUTIVE-AUTO SALES

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : SA11AI.5382

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

FRED H HAWKINS Sr.

A.

Mailing Address 2516 DEER PARK BLVD

City

OMAHA

State

NE

Zip Code

68105

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Transaction ID : SA11AI.5357

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

HELEN E HEATH

B.

Mailing Address 4128 TRADEWINDS DR

City

JACKSONVILLE BEACH

State

FL

Zip Code

32250

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		24		2014

Transaction ID : SA11AI.5370

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

HELEN E HEATH

C.

Mailing Address 4128 TRADEWINDS DR

City

JACKSONVILLE BEACH

State

FL

Zip Code

32250

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

Transaction ID : SA11AI.5432

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

WILLIAM C HORNE**A.**

Mailing Address 6324 DICKENS DR

City

JACKSONVILLE

State

FL

Zip Code

32244

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2014

Transaction ID : SA11AI.5276

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

SCOTT R MACKENZIE**B.**

Mailing Address 4483 GLEN KERNAN PKWY E

City

JACKSONVILLE

State

FL

Zip Code

32224

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2014

Transaction ID : SA11AI.5396

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

CARLYLE R MARTIN**C.**

Mailing Address 1893 KINGLSEY AVE

City

ORANGE PARK

State

FL

Zip Code

32073

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARTIN PROPERTIES

Occupation

REAL ESTATE

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2014

Transaction ID : SA11AI.5442

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

1895.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
GLO for Congress

Full Name (Last, First, Middle Initial)
CAROLE MCMANUS

Mailing Address 1205 SALT CREEK ISLAND DR

City	State	Zip Code
PONTE VEDRA BEACH	FL	32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RETIRED

Occupation
 RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2014

Transaction ID : SA11AI.5413

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)
JERRY MILLER

Mailing Address 1525 FM 14

City	State	Zip Code
HART	TX	79043

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RETIRED

Occupation
 RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2014

Transaction ID : SA11AI.5029

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)
LOIS V MILLS

Mailing Address 105 MIDDLETON PLACE

City	State	Zip Code
PONTE VEDRA BEACH	FL	32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RETIRED

Occupation
 RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2014

Transaction ID : SA11AI.5409

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
GLO for CongressFull Name (Last, First, Middle Initial)
KEITH NALLEY

A. Mailing Address 17337 MOUNTAIN PLAT DR

City	State	Zip Code
GRAND HAVEN	MI	49417

FEC ID number of contributing
federal political committee.

C

Name of Employer
WEST MICHIGAN ORAL SURGERY CTROccupation
ORAL SURGEON

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2014

Transaction ID : SA11AI.5233

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)
JOANNE OWENS

B. Mailing Address 992 PARADISE RANCH RD

City	State	Zip Code
FREDERICKSBURG	TX	78624

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2014

Transaction ID : SA11AI.5299

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)
PATRICIA A PERKINS

C. Mailing Address 4609 HWY 17 #2

City	State	Zip Code
FLEMING ISLAND	FL	32003

FEC ID number of contributing
federal political committee.

C

Name of Employer
PERKINS REALTYOccupation
REALTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2014

Transaction ID : SA11AI.5449

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GLO for Congress

A. Full Name (Last, First, Middle Initial)
BETH ANN SASSO

Mailing Address **932 KERWOOD CIR**

City State Zip Code
OVIEDO FL 32765

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

07 / 28 / 2014

Transaction ID : **SA11AI.5392**

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DIANE STRACK

Mailing Address **8465 SAND LAKE SHORES CT**

City State Zip Code
ORLANDO FL 32836

FEC ID number of contributing
federal political committee.

C

Name of Employer
STUDENT LEADERSHIP UNIVERSITY

Occupation
EDUCATION

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

07 / 29 / 2014

Transaction ID : **SA11AI.5406**

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
JOHN STURM

Mailing Address **611 PONTE VEDRA BLVD**

City State Zip Code
PONTE VEDRA BEACH FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

07 / 09 / 2014

Transaction ID : **SA11AI.5214**

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

CRAIG D WILBURN**A.**

Mailing Address 5542 NW 43RD ST

City

GAINESVILLE

State

FL

Zip Code

32653

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRAIG D WILBURN INCOccupation
EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		10		2014

Transaction ID : SA11Al.5285

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

12395.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 34

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
GLO for Congress

Full Name (Last, First, Middle Initial)

STAR PARKER PAC

Mailing Address 31441 SANTA MARGARITA PWKY, #A-323

City	State	Zip Code
RANCHO STA MARGARI	CA	92688

FEC ID number of contributing
federal political committee.**C** C00491605

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2014

Transaction ID : SA11C.5288

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

A. COMMODORES POINT PROPERTIES LTD

Mailing Address 1 INDEPENDENT DR #1600

City	State	Zip Code
JACKSONVILLE	FL	32202

Purpose of Disbursement
OFFICE RENT

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

535.00

Transaction ID : SB17.5451

B. COMMODORES POINT PROPERTIES LTD

Mailing Address 1 INDEPENDENT DR #1600

City	State	Zip Code
JACKSONVILLE	FL	32202

Purpose of Disbursement
OFFICE RENTCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2014

Amount of Each Disbursement this Period

535.00

Transaction ID : SB17.5503

C. CORR DIGITAL

Mailing Address 6100 PHILLIPS HWY

City	State	Zip Code
JACKSONVILLE	FL	32216

Purpose of Disbursement
PRINTING EXPENSE-YARD SIGNSCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2014

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.5508

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

5070.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

A. COX MEDIA GROUP

Mailing Address 8000 BELFORT PKWY

City	State	Zip Code
JACKSONVILLE	FL	32256

Purpose of Disbursement
EVENT TICKET FEE-HOB NOB

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 04 / 2014

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.5517

B. ENGRAVING UNIVERSE

Mailing Address 3210 SW 40TH BLVD #B

City	State	Zip Code
GAINESVILLE	FL	32608

Purpose of Disbursement
PRINTING EXPENSE-CAMPAIGN SIGNS

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 07 / 2014

Amount of Each Disbursement this Period

498.62

Transaction ID : SB17.5458

C. BRITTANY FORNOF

Mailing Address 11 E FORSYTH ST #803

City	State	Zip Code
JACKSONVILLE	FL	32202

Purpose of Disbursement
CAMPAIGN CONSULTING FEE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 02 / 2014

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.5452

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1698.62

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

A. BRITTANY FORNOF

Mailing Address 11 E FORSYTH ST #803

City	State	Zip Code
JACKSONVILLE	FL	32202

Purpose of Disbursement
CAMPAIGN CONSULTING WORK

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2014

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.5513

B. COURTNEY FORNOF

Mailing Address 4815 SE 11TH PL

City	State	Zip Code
OCALA	FL	34471

Purpose of Disbursement
CAMPAIGN ADMINISTRATIVE WORK

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2014

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.5512

C. GODADDY.COM

Mailing Address 14455 N HAYDEN RD #219

City	State	Zip Code
SCOTTSDALE	AZ	85260

Purpose of Disbursement
WEB HOSTING RENEWAL FEE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2014

Amount of Each Disbursement this Period

276.63

Transaction ID : SB17.5495

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1076.63

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

A. KESSLER CREATIVE

Mailing Address 12276 SAN JOSE BLVD #115

City	State	Zip Code
JACKSONVILLE	FL	32223

Purpose of Disbursement
MAILERS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2014

Amount of Each Disbursement this Period

963.47

Transaction ID : SB17.5490

B. KESSLER CREATIVE

Mailing Address 12276 SAN JOSE BLVD #115

City	State	Zip Code
JACKSONVILLE	FL	32223

Purpose of Disbursement
PRINTING EXPENSE-MAILERS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2014

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.5502

C. KESSLER CREATIVE

Mailing Address 12276 SAN JOSE BLVD #115

City	State	Zip Code
JACKSONVILLE	FL	32223

Purpose of Disbursement
PRINTING EXPENSE-MAILERS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2014

Amount of Each Disbursement this Period

2114.78

Transaction ID : SB17.5504

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3428.25

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

A. ORANGE COUNTY YOUNG REPUBLICANS

Mailing Address 1031 WEST MORSE BLVD #120

City	State	Zip Code
WINTER PARK	FL	32789

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2014

Amount of Each Disbursement this Period

275.00

Transaction ID : SB17.5492

B. PIRYX

Mailing Address 401 W 15TH ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

Amount of Each Disbursement this Period

173.53

Transaction ID : SB17.5024

C. PIRYX

Mailing Address 401 W 15TH ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2014

Amount of Each Disbursement this Period

86.59

Transaction ID : SB17.5217

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

535.12

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 401 W 15TH ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2014

Amount of Each Disbursement this Period

130.03

Transaction ID : SB17.5216

B. PIRYX

Mailing Address 401 W 15TH ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2014

Amount of Each Disbursement this Period

2.88

Transaction ID : SB17.5265

C. PIRYX

Mailing Address 401 W 15TH ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2014

Amount of Each Disbursement this Period

43.43

Transaction ID : SB17.5290

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

176.34

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 401 W 15TH ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

003

Category/
Type

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

7.19

Transaction ID : SB17.5317

B. PIRYX

Mailing Address 401 W 15TH ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

003

Category/
Type

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

7.19

Transaction ID : SB17.5322

C. PIRYX

Mailing Address 401 W 15TH ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

003

Category/
Type

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2014

Amount of Each Disbursement this Period

7.19

Transaction ID : SB17.5328

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

21.57

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 401 W 15TH ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

003

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2014

Amount of Each Disbursement this Period

7.20

Transaction ID : SB17.5336

B. PIRYX

Mailing Address 401 W 15TH ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

003

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

1.44

Transaction ID : SB17.5344

C. PIRYX

Mailing Address 401 W 15TH ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

003

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2014

Amount of Each Disbursement this Period

34.51

Transaction ID : SB17.5359

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

43.15

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 401 W 15TH ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2014

Amount of Each Disbursement this Period

1.44

Transaction ID : SB17.5376

B. PIRYX

Mailing Address 401 W 15TH ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2014

Amount of Each Disbursement this Period

14.38

Transaction ID : SB17.5379

C. PIRYX

Mailing Address 401 W 15TH ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2014

Amount of Each Disbursement this Period

6.38

Transaction ID : SB17.5398

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

22.20

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 401 W 15TH ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2014

Amount of Each Disbursement this Period

20.13

Transaction ID : SB17.5405

B. PIRYX

Mailing Address 401 W 15TH ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2014

Amount of Each Disbursement this Period

2.88

Transaction ID : SB17.5418

C. PIRYX

Mailing Address 401 W 15TH ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2014

Amount of Each Disbursement this Period

24.44

Transaction ID : SB17.5423

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

47.44

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 401 W 15TH ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

003

Category/
Type

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2014

Amount of Each Disbursement this Period

0.75

Transaction ID : SB17.5444

B. REPUBLIC POLLING INC

Mailing Address 2711 CENTERVILLE RD #400

City	State	Zip Code
WILMINGTON	DE	19801

Purpose of Disbursement
FUNDRAISING CONSULTING FEECategory/
Type

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.5499

C. ROBINSON HANKS YOUNG & ROBERTS PA

Mailing Address 133 S HARBOR DRIVE

City	State	Zip Code
VENICE	FL	34285

Purpose of Disbursement
ACCOUNTING SERVICESCategory/
Type

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.5491

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.75

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

A. ROBINSON HANKS YOUNG & ROBERTS PA

Mailing Address 133 S HARBOR DRIVE

City	State	Zip Code
VENICE	FL	34285

Purpose of Disbursement
REIMB FOR FEDEX FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2014

Amount of Each Disbursement this Period

82.39

Transaction ID : SB17.5500

B. FEDERAL EXPRESS

Mailing Address 942 S SHADY GROVE RD

City	State	Zip Code
MEMPHIS	TN	38120

Purpose of Disbursement
SHIPPING CHARGES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2014

Amount of Each Disbursement this Period

82.39

Transaction ID : SB17.5500.0

[MEMO ITEM]

C. ROBINSON HANKS YOUNG & ROBERTS PA

Mailing Address 133 S HARBOR DRIVE

City	State	Zip Code
VENICE	FL	34285

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.5515

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

582.39

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

A. GLOREATHA SCURRY-SMITH

Mailing Address 1661 CINNAMON FERN COURT

City	State	Zip Code
FLEMING ISLAND	FL	32003

Purpose of Disbursement
REIMB FOR TRAVEL EXPENSES

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: FL District: 05

Date of Disbursement

M M / D D / Y Y Y Y
07 / 07 / 2014

Amount of Each Disbursement this Period

459.82

Transaction ID : SB17.5466

B. RACETRAC

Mailing Address 3106 HIGHWAY 17

City	State	Zip Code
GREEN COVE	FL	32043

Purpose of Disbursement
FUEL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 07 / 2014

Amount of Each Disbursement this Period

25.08

Transaction ID : SB17.5466.0

[MEMO ITEM]

C. RACETRAC

Mailing Address 3106 HIGHWAY 17

City	State	Zip Code
GREEN COVE	FL	32043

Purpose of Disbursement
FUEL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 07 / 2014

Amount of Each Disbursement this Period

50.01

Transaction ID : SB17.5466.1

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

459.82

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

A. GATE GAS STATION

Mailing Address 3210 US HWY 17

City	State	Zip Code
ORANGE PARK	FL	32073

Purpose of Disbursement
FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07	/	07	/	2014

Amount of Each Disbursement this Period

25.10

Transaction ID : SB17.5466.13

[MEMO ITEM]

B. GATE GAS STATION

Mailing Address 3210 US HWY 17

City	State	Zip Code
ORANGE PARK	FL	32073

Purpose of Disbursement
FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07	/	07	/	2014

Amount of Each Disbursement this Period

40.00

Transaction ID : SB17.5466.14

[MEMO ITEM]

C. STAPLES

Mailing Address 700-16 SOUTH BLANDING BLVD

City	State	Zip Code
ORANGE PARK	FL	32065

Purpose of Disbursement
OFFICE SUPPLIES-POSTER BOARD

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07	/	07	/	2014

Amount of Each Disbursement this Period

20.21

Transaction ID : SB17.5466.17

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

A. GLOREATHA SCURRY-SMITH

Mailing Address 1661 CINNAMON FERN COURT

City	State	Zip Code
FLEMING ISLAND	FL	32003

Purpose of Disbursement
REIMB FOR OFFICE SUPPLIES

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: FL District: 05

Date of Disbursement

M M / D D / Y Y Y Y
07 / 16 / 2014

Amount of Each Disbursement this Period

324.51

Transaction ID : SB17.5497

B. STAPLES

Mailing Address 700-16 SOUTH BLANDING BLVD

City	State	Zip Code
ORANGE PARK	FL	32065

Purpose of Disbursement
POST CARDS

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	---	--

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 16 / 2014

Amount of Each Disbursement this Period

324.51

Transaction ID : SB17.5497.0

[MEMO ITEM]

C. MICHAEL SMITH

Mailing Address 1661 CINNAMON FERN CT

City	State	Zip Code
FLEMING ISLAND	FL	32003

Purpose of Disbursement
REIMB FOR TRAVEL EXPENSES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	---	--

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 07 / 2014

Amount of Each Disbursement this Period

160.36

Transaction ID : SB17.5461

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

484.87

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

A. GATE GAS STATION

Mailing Address 3210 US HWY 17

City	State	Zip Code
ORANGE PARK	FL	32073

Purpose of Disbursement
FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

Amount of Each Disbursement this Period

50.02

Transaction ID : SB17.5461.0

[MEMO ITEM]

B. RACETRAC

Mailing Address 3106 HIGHWAY 17

City	State	Zip Code
GREEN COVE	FL	32043

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.5461.1

[MEMO ITEM]

C. RACETRAC

Mailing Address 3106 HIGHWAY 17

City	State	Zip Code
GREEN COVE	FL	32043

Purpose of Disbursement
FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

Amount of Each Disbursement this Period

54.25

Transaction ID : SB17.5461.2

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

A. ANN STONE

Mailing Address P O BOX 1311

City	State	Zip Code
NEWBERRY	FL	32669

Purpose of Disbursement
PRINTING-CAMPAIGN BUTTONS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2014

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.5510

B. THE GARDEN CLUB OF JACKSONVILLE

Mailing Address 1005 RIVERSIDE AVE

City	State	Zip Code
JACKSONVILLE	FL	32204

Purpose of Disbursement
FUNDRAISING EVENT COSTS-ROOM RENTAL DEPOSIT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2014

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.5494

C. THE PRINTSHOP OF CHEIFLAND

Mailing Address P O BOX 606

City	State	Zip Code
CHEIFLAND	FL	32644

Purpose of Disbursement
PRINTING-BUSINESS CARDS, RACK CARDS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2014

Amount of Each Disbursement this Period

572.47

Transaction ID : SB17.5514

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1122.47

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GLO for Congress

Full Name (Last, First, Middle Initial)

A. WEBELECT.NET

Mailing Address 1256 VINETREE DR

City	State	Zip Code
BRANDON	FL	33510

Purpose of Disbursement
CAMPAIGN SOFTWARE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.5457

B. WEBELECT.NET

Mailing Address 1256 VINETREE DR

City	State	Zip Code
BRANDON	FL	33510

Purpose of Disbursement
CAMPAIGN SOFTWARE RENEWAL FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2014

Amount of Each Disbursement this Period

270.00

Transaction ID : SB17.5505

C.

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

470.00

18239.63